



Docket Number: PF 100 PCT US

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name, and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

FAST-DISSOLVING ISOTROPIC EXPANDED MICROPOROUS COMPOSITION OR STRUCTURE FOR PHARMACEUTICAL, VETERINARY, DIETETIC, FOOD OR COSMETIC AND USE AND METHOD FOR OBTAINING SAME

the specification of which (check one of the following)

	is att	ached hereto					
		filed on cation Serial No.	as				
	And	And was amended on (if applicable)					
hereby state that I had		nd understand the contents of amendment referred to above.	the above-identified specification,				
Facknowledge the duty accordance with Title 3			examination of this application in				
hereby claim foreign po	certificate listed	below and have also identified	§119 of any foreign application(s) below any foreign application for ation on which priority is claimed:				
Application Serial Number	Country	<u>Filing Date</u> (Day/Month/Year)	Priority Claimed (yes/no)				
99 04033	FRANCE	31/March/1999	Yes				

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.



Docket	Number:	

(App	li	ca	tio	n	S	e	ria	al	٨	lo	
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(Filing Date)

(Status -xpatemed, pending xathexdoxnot)

PCT/FR00/00803

30.03.2000

(Application Serial No.)

(Filing Date)

(Status - patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status - patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following person registered to practice before the Patent and Trademark Office as my attorney with full power of substitution and revocation to prosecute this application and all divisions and continuations thereof and to transact all business in the Patent and Trademark Office connected therewith and request that all correspondence be sent to him at the mailing address hereafter given:

Name

CORDONAVA HUSESCHEN

G. PATRICK SAGE

Registration No.

16,157

Address

4.

M

Πij

-

715 The "H" Building

310 East Michigan Avenue

Kalamazoo, MI 49007

figurther request that all telephone communications be directed to:

Name

XCE KONSOLCKIM XAAX XHATERSKOE INTERVEX X XHAGAY XDGX XI ZAXA

G. PATRICK SAGE

Reg. 37,710

Telephone

616/382-0030

Full Name of Sole/First Inventor: GOUTAY Eric

Inventor's Signatures

Date:

5.09.2001

Residence: LAUZERVILLE - FRANCE

Citizenship: French

Post Office Address: 36 Les Côteaux de Marrast - 31650 LAUZERVILLE - FRANCE

Full Name of Second/Joint Inventor: LACHAMP Laurence

Date:

5.09.2001

Residence: CLERMONT-FERRAND - FRANCE JRX

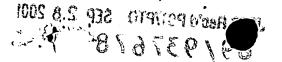
Citizenship:

French

(City, State)

(Country)

Post Office Address: 27 Mail d'Allagnat - 63000 CLERMONT-FERRAND - FRANCE





-	Docket Number:		_
3-0	Full Name of Third/Joint Inventor: FRANCES Jacques Inventor's Signature: , Residence: TOULOUSE - FRANCE JRL	Date: 5.09.2001.	;
	(City, State)	(Country)	
	Post Office Address: 12 Rue Sainte Lucie - 31300 TOULOUSE	FRANCE	
F00	Full Name of Fourth/Joint Inventor: BOUGARET Joël Inventor's Signature: Residence: LANTA - FRANCE (City, State) Post Office Address: Rue de la Mairie - 31570 LANTA - FRANCE	Date: 5.09.2001 Citizenship: French (Country)	
50	Full Name of Fifth/Joint Inventor: PAILLARD Bruno Fiventor's Signature: Residence: CLERMONT FERRAND - FRANCE JRX (City, State) Post Office Address: 3 Rue Alexis Carrel – 63000 CLERMONT F	Date: 5.09.2001 Citizenship: French (Country) ERRAND - FRANCE	
	Full Name of Sixth/Joint Inventor:	Dates	
	Inventor's Signature: Residence: (City, State)	Date: Citizenship: (Country)	
	Post Office Address:		